

**VSH Futures Advisory Committee
Special Meeting
June 12, 2006**

Committee Members

Jack McCoullough, MH Law Project; Anne Jerman, VSH; Diane Bogden, DOC (for Janice Ryan); Julie Tessler, (for Paul Dupre); Sally Parrish, Consumer Advocate; Larry Lewack, NAMI-VT; Michael Hartman, WCMHS; Jeff Rothenberg, CMC; JoEllen Swaine, VSH; Larry Thomson, VSH /VSEA; Peter Thomashow, CVH; Gregory Miller, RetreatHealthcare; Jil Olson, VAHHS (for Bea Grause); Representative Anne Donahue, Counterpoint

AHS Deputy Secretary Steve Gold represented Secretary LaWare

Guests

Robert Soucy & Peter Albert, Retreat Healthcare; Bob Bick, HCHS; Nick Emlen, VT Council; Wendy Beininger, Dawn Philibert, Bill McMains, VDH; Frank Pitts, Architecture Plus; Representative Michael Fisher; Bruce Spector, BISHCA.

Staff

Judy Rosenstreich, Paul Blake, Beth Tanzman, VDH

Agenda

- I. Develop a recommendation for Secretary LaWare on Bed Capacity
 - Overview of planning to date, the actuarial study, and recommendation from clinical leaders
 - Discussion
- II. Status Report: Inpatient Facilities Concepts
 - Policy Drivers for Co-location
 - FAHC Campus Development Parameters
 - Program of Space Needs
 - Rutland Regional Medical Center and the Retreat
 - Site Considerations on FAHC campus
 - Discussion

Deputy Commissioner Paul Blake convened the meeting and introductions were made.

Bed Capacity

Beth reviewed the Futures plan recommendation for bed capacity. The 32-bed recommend comes from current capacity and historic utilization. The Futures plan would create 22 new residential beds to replace longer-term rehabilitation services currently provided by VSH, the balance of the existing capacity (32 beds) would be inpatient.

The actuarial report by Miliman, Inc offers three scenarios based on varying degrees of implementation of the Futures Plan. The report considers Vermont's inpatient utilization trends for the past 5 years, Vermont's expected demographic profile, the incidence and prevalence of mental illness, the Corrections use of inpatient services, how Vermont compares to other states, and projects an expected rate of MH inpatient utilization.

Beth also reviewed the results of the June 9th meeting with clinical leaders regarding bed capacity. They made the following recommendation:

Predicated on:

1. Full implementation of the Futures Plan including the as yet unfunded recommendations for MH services in Corrections and Adult Outpatient (reference Secretary Charlie Smith's recommendations to the Legislature 2/4/05); and

2. the commitment to fully fund the community system (sustainability).

50 Beds overall; at least 32 or more are built with FAHC; 8 with RRMC and the remaining balance at the Retreat. The Retreat and RRMC beds provide the system ability to expand or contract as needed.

Discussion

Committee members commented that they would like a longer timeframe than 2016. Greg Miller offered that the reason our per capita spending is high in Vermont (relative to other states) may be due to the fact that rigid costs and administrative expenses needed for any MH system are distributed across a smaller population. He offered that 50 beds is the minimum he thinks we need.

Larry Thomson stated that he felt more beds were needed, and furthermore that these should be state-run and should be built on state-owned land. This, he offered, would be more cost effective than partnering with FAHC. Anne clarified that she had confirmed with Corrections that some MH resources had been reconfigured, and that, in addition, Corrections had received some new funds for MH services. She also recommended thinking in at least 20-year ranges and stated that the current system is at capacity and expressed frustration that no new resources for housing were included in the Administration's budget for State Fiscal Year 07. She recommended a bed number in the low 50's but stated that an analysis showing the relative costs (operating) of inpatient versus community resources should be developed.

Paul asked for a motion on bed capacity. Anne offered that the language from the clinical leaders be adapted, without naming the smaller capacity partners. This was seconded by Peter. The motion reads:

50 Beds overall; at least 32 or more are built with FAHC. Predicated on:

1. full implementation of the Futures Plan including the as yet unfunded recommendations for MH services in Corrections and Adult Outpatient (reference Secretary Charlie Smith's recommendations to the Legislature 2/4/05); and

2. the commitment to fully fund the community system (sustainability).

Each member of the advisory committee was asked to state their preferred bed capacity recommendation.

Greg: Low 50's and it is not about who the named partners are.

Peter: Low 50's, but this is about a whole system of care, not just inpatient.

Larry: 65-70 beds and fully fund the community system

JoEllen: Use the ball park of 50; or up to 54

Anne D: 50 beds, 32 or more at FAHC, and the discussion of where or with whom the smaller capacities should be should go no further.

Jil Olson (for Bea): 50 beds; and I feel we should name the partners for smaller capacities.

Jeff: 32 beds. We may need more if we cannot get the community recovery residences up and running.

Michael : 42 beds, I'm concerned that proposing 50 beds will send the message that it is OK to only fund 50% of the community capacities recommended in futures.

Larry: 42 beds, to underline the focus on community-based care and a hearty endorsement for not naming partners for the smaller capacities.

Sally: 50 beds because I'm concerned we won't get full funding for the community services in Futures.

Julie (for Paul D): 42 with the caveat of full funding for the community system of care.

Diane (for Janice): 50 at a minimum. Corrections is also part of the whole system.

Anne J: 50.

Jack: abstain from voting on any number of beds that lock people up. We should aggressively increase resources for non-hospital services.

In summary:

50 beds – five members

50-54 beds – 3 members

42 beds - 3 members

65-70 beds – 1 member

32 beds – 1 member

Status Report: Inpatient Facilities Concepts

Beth and Frank Pitts presented on the policy drivers for co-location, why FAHC, campus development parameters and the preliminary assessment of different site options (see PowerPoint presentation as posted June 12 Advisory Committee).

Anne took the floor and objected to the draft process to approve Designated Agency capital projects. She specifically objected to the fact that the Futures Advisory Committee was not consulted about the process and also that the Futures committee would have no role in reviewing the application for approval for the Williamstown community recovery residence. Anne resigned from the Futures Advisory Committee.

Sally noted that the employees of FAHC need to be included in the process; they are an important resource and also have unique interests and concerns. Michael suggested that the principles of collaboration outlined by FAHC be adapted as a single set of principles for all partners. He also noted that there are large cost variations in building on different sites. Larry offered to show two color photos of state-owned land in Berlin and suggested that Architecture Plus develop cost estimates to build the new program in a country setting, one mile from a medical center. Sally observed that many people see the current VSH as a prison and that it would be good to show pictures of what a really good psychiatric hospital looks like today.

Public comment was taken at two points in the meeting.

Meeting adjourned at 12:00.